



Division of Professional Regulation

1511 Pontiac Avenue

Cranston, RI 02920

Telephone (401) 462-8533 | Fax (401) 462-8528 | www.dlt.ri.gov

APPLICATION FOR ALARM BUSINESS LICENSE

APPLICATION FEE \$125.00 LICENSE FEE \$300.00 TOTAL FEE OF \$425.00

CATEGORY OF APPLICANT (Check one of the following in each section):

- (A) ☐ Resident (B) ☐ Individual (Signatory must be individual)
☒ Non-Resident ☐ Firm (Signatory must be owner)
☐ Partnership (Signatory must be general partner)
☒ Corporation (Signatory must be principal officer)

NOTE: With reference to the above, if the signatory of this application is a non-resident and does NOT operate any business in or is not employed in Rhode Island, this application must be cosigned by an approved individual possession the authority and responsibility to manage and operate the alarm business in this state. All of the information for the signator of this application shall ALSO be required of the co-signatory.

1. Bish, George Jennings

Name (Last, First and Middle)

2. [REDACTED]
Social Security Number

3. 33 Mary Circle, Concord, NC 28025

Residence (Street, City/Town, State and Zip)

Email: george.bish@ring.com

RECEIVED

4. 980-521-8051

Home Telephone Number

5. 3-31-53

Date of Birth

6. Pittsburgh, PA

Place of Birth

7. ☒ Yes ☐ No
Are you a U.S. Citizen?

8. Height: 5'11"

9. Weight: 210

10. Color of Eyes: Brown

11. Color of Hair: Brown

12. Ring Protect Inc., 1523 26th Street, Santa Monica, CA 90404

Name and Address of Employer or Self-employment at time of application.

13. 504-496-0125

Business Telephone Number

14. 5/22/17

Date of Employment

15. 2 months

Length of time Employed

16. [REDACTED]
Business name and principal office address under which applicant intends to operate (If different from #12)

17. 5-19-2017

Date business commenced

18. 8 am to 5 pm

Business hours and days of operation

19. ☒ Yes ☐ No

Do you maintain 24 hour emergency service?

20. Fidelity and Deposit Company of Maryland, 1299 Zurich Way, Schaumburg, IL 60173
Name and Address of Insurance Company supplying surety bond and expiration date

Continuous bond

APPLICATION CONTINUES ON NEXT PAGE...

BCT
OK

[Handwritten signatures and initials]

[Handwritten signatures and initials]

[Handwritten signatures and initials]



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21. Have you read and do you understand the provisions of Title 5, Chapter 57 of the General Laws of Rhode Island pertaining to the regulation of alarm businesses and agents? ☒ Yes ☐ No

22. List all alarm branches or locations other than principal office where alarm business will operate in Rhode Island:
None

Branch Address (Street, City, State, Zip) Telephone Number

None

Branch Address (Street, City, State, Zip) Telephone Number

23. If business is a CORPORATION please complete this section in full:

Date of incorporation: **5/19/2017** Place of incorporation: **Delaware**

List Principal officers of corporation and owners of 25% or more of stock:

N/A

Name Address Position or Title Telephone Number

N/A

Name Address Position or Title Telephone Number

24. Complete the following questions by checking the appropriate box. Explain any "yes" answers in detail on separate sheet (s) of paper and attach statement to this application.

Have you ever been refused, suspended, or revoked a license, permit or identification card to operate an alarm business or to act as an agent of such business in this or in any other state or lawful jurisdiction? ☐ Yes ☒ No

Has any individual, firm, partnership, corporation, or organization with which you are now or have been associated in any capacity, had an alarm business or alarm agent license, permit, or identification card refused, suspended, or revoked?

☐ Yes ☒ No

Has any owner, partner, director, officer, member, or stockholder of applicant or applicant's alarm business ever had a license to operate as an alarm business or operate as an agent of an alarm business refused, suspended, or revoked?

☐ Yes ☒ No

Have you ever been (1) indicted for and/or convicted of any crime other than a minor traffic violation, or (2) been indicted for and/or convicted of any felony or misdemeanor, or (3) convicted of any crime or moral turpitude, misrepresenting products or services or misappropriating or unlawfully converting monies of others? ☐ Yes ☒ No

Have you knowledge of any individual associated with the applicant alarm business, either owner, partners, or principal corporate officer of the applicant or applicant's business, being indicted or convicted of any offense in any of the above.

☐ Yes ☒ No

APPLICATION CONTINUED ON NEXT PAGE...



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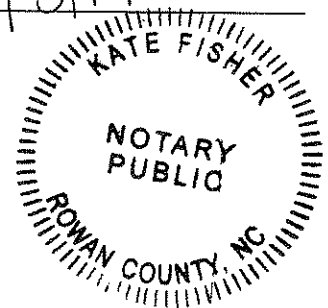
Telephone (401) 462-8533 | Fax (401) 462-8528 | www.dlt.ri.gov

The Undersigned hereby apply/applies for license pursuant to the provisions of Title 5, Chapter 57 of the General Laws of Rhode Island and make (s) oath to the truth and accuracy of all statements, answers, and representations made in this application, including all supplementary statements hereto attached.

X [Signature] 7/13/2017
Signature of Applicant Date
(Individual, owner, general partner, or principal officer)

X _____
Co-signatory Date
(Authorized individual if signatory is non-resident or is not employed in Rhode Island)

Subscribed and sworn to at Rowan County, before me this 13th day of July 2017
[Signature] My Commission Expires: 2/8/19
Signature of Notary Public



APPLICATION CONTINUED ON NEXT PAGE...



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The Undersigned hereby apply/applies for license pursuant to the provisions of Title 5, Chapter 57 of the General Laws of Rhode Island and make (s) oath to the truth and accuracy of all statements, answers, and representations made in this application, including all supplementary statements hereto attached.

X _____
Signature of Applicant
(Individual, owner, general partner, or principal officer)

Date

X _____
Co-signatory
(Authorized individual if signatory is non-resident or is not employed in Rhode Island)

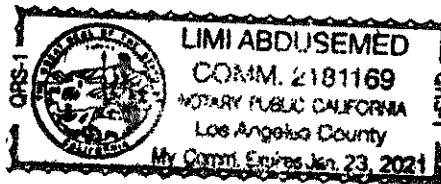
7-12-17

Date

Subscribed and sworn to at Los Angeles, before me this 12th day of July.


Signature of Notary Public

My Commission Expires: Jan. 23, 2021



APPLICATION CONTINUED ON NEXT PAGE...

Status: [I] License: [5844] Expires: [03/31/2020] BATCH ID: [APVD]

Disciplinary Action: [] Business Telephone: [305-447-6477]

ALARM COMPANY: [MASTEC NORTH AMERICA INC] SSNO: [REDACTED]

DBA: [] TAX FLAG: [C]

ADDRESS: [806 SOUTH DOUGLAS ROAD 10TH FL]

CITY: [CORAL GABLES] STATE: [FL] ZIP: [33134]

Bond Company: [TRAVELERS CASUALTY AND SURETY COMPANY]

Number: [106092884] Expiration: [05/21/2018]

OWNER: [GEORGE] [J] [BISH]

Original License Date: [05/12/2014] Date Of Birth: [03/31/1953]

Issue Date: [10/08/2014]

COMMENTS: [QUALIFIER NO LONGER EMPLOYED 8/11/17 RIG]

Rhode Island Department of Labor and Training
Division of Workforce Regulation and Safety

Burglar Alarm Agent
LIC# 5844



MASTEC NORTH AMERICA, INC
GEORGE J BISH
806 SOUTH DOUGLAS ROAD 10TH FL
CORAL GABLES FL 33134

Jack R. Deane
Assistant Director

03/31/2019
EXPIRATION DATE

State of Rhode Island Dept. of Labor and Training
Division of Professional Regulation
1511 Pontiac Avenue
Cranston, RI 02920
TEL: (401) 462-8533

RE: License Holder Removal

Dear Licensing Dept.

We MasTec North America Inc., would like to make a formal request and notification regarding the separation of Mr. George Bish license # 5844. Mr. Bish is no longer employed with us as of May 19, 2017 thus; his license should be disassociated with our company.

On behalf of our company, we would like to thank you in advance for your time and assistance. Please do not hesitate to contact our corporate compliance department at: (305) 447-6477 should you have any questions and/or concerns.

Sincerely



Pamela Bullock
Compliance Department
MasTec Inc.
806 S Douglas Rd 10th Floor
Coral Gables, Florida 33134
OFC: (305) 447-6477
FAX: (305) 795-8141
Pamela.Bullock@mastec.com

ALARM COMPANIES

Screen 1 Of 4

Status: [A] License: [5844B] Expires: [03/31/2020] BATCH ID: []

Disciplinary Action: [] Business Telephone: [980-521-8051]

ALARM COMPANY: [RING PROTECT INC] SSNO: [4485]

DBA: [] TAX FLAG: [C]

ADDRESS: [1523 26TH STREET]

CITY: [SANTA MONICA] STATE: [CA] ZIP: [90404]

Bond Company: [FIDELITY AND DEPOSIT COMPANY]

Number: [9222612] Expiration: [07/14/2020]

OWNER: [GEORGE] [J] [BISH]

Original License Date: [07/20/2017] Date Of Birth: [03/31/1953]

Issue Date: [09/20/2017]

COMMENTS: [NEED OLD BUSINESS LIC RETURNED RJG 7/26/17]

[]

===== ALARM AGENT =====

Alarm Agent License: 5844B GEORGE J BISH

ALARM COMPANIES

Screen 2 Of 4

DISCIPLINARY ACTION

License: [5844B]

Suspension: [] Revocation: [] Start: [] End: []

Remarks: []

[]

[]

[]

[]

[]

[]

License: [5844B]

FEES INFORMATION

BATCH ID:

Print Flag:

Original Application: Fee: \$

Original License: Fee: \$

Renewal Application: Fee: \$

Renewal License: Fee: \$

Duplicate License: Fee: \$

Penalty: Fee: \$

Violation: Fee: \$

=====

PAYMENT INFORMATION

Type: Number: Date: Amount: \$

Date Received: Entry Date: [07/20/2017] Lic.Prnt: []

COMPLAINTS BATCH ID:

License No: [5844B] Complaint Date:

Complainant Name:

Address:

City: State: Zip:

Telephone: (Home) (Work)

MAILING ADDRESS:

CITY: STATE: ZIP:

VIOLATION Date: Time:

PLACE:

REMARKS:

DISPOSITION:

ALARM AGENTS

Screen 1 Of 4

Status: [A] License: [5844B] Expires: [03/31/2021] BATCH ID: []

Disciplinary Action: [] Date Of Employment: [05/22/2017]

NAME: [GEORGE] [J] [BISH] SSNO: [REDACTED]

ADDRESS: [1523 26TH STREET] TAX FLAG: [C]

CITY: [SANTA MONICA] STATE: [CA] ZIP: [90404-]

TELEPHONE: (Home) [] (Work) 980-521-8051

AGENCY: RING PROTECT INC

Lic #: [5844B]

ADDRESS: 1523 26TH STREET

Expires: 03/31/2020

CITY: SANTA MONICA STATE: CA ZIP: 90404

Original ID Date: [07/20/2017] Birth Date: [03/31/1953] Issue Date: [09/20/2017]

COMMENTS: []

[]

Date Exam Taken: [] Pass/Fail: []

<<<< PRESS "s" FOR DISCIPLINARY ACTION; "d" FOR FEES; "3d" FOR COMPLAINTS >>>>

ALARM AGENTS

Screen 2 Of 4

DISCIPLINARY ACTION

License: [5844B]

Suspension: [] Revocation: [] Start: [] End: []

Remarks: []

[]

[]

[]

Complainant Name:

Address:

City: State: Zip:

Telephone: (Home) (Work)

MAILING ADDRESS:

CITY: STATE: ZIP:

VIOLATION Date: Time:

PLACE:

REMARKS:

DISPOSITION:



Rhode Island Department of Labor and Training
Division of Professional Regulation
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Application and Instructions for Alarm Agent License

CATEGORY OF APPLICANT: (Check all that apply.)

- ☒ I have applied for my CHR at the RI Attorney General's Office on 7-19-2017. (Date fingerprinted)
- ☒ Alarm Agent, defined as any individual employed by an alarm business and whose duties include the altering, installing, maintaining, moving, repairing, replacing, selling or servicing of an alarm system or responding to or causing others to respond to an alarm system.
- ☒ Owner, General Partner, Principal Officer, or Manager of an alarm business and who is directly engaged in selling, installing, altering, servicing, moving, maintaining, replacing, responding to or causing others to respond to alarm systems within this state.
- ☒ Individual engaged in or employed by an alarm business with access to confidential information relating to customers of the alarm business.
- ☒ Individual who monitors communication equipment in connection with an alarm business.

1. Bish George Jennings 2. [REDACTED]
Name (Last) (First) (Middle) Social Security Number

3. N/A
List any aliases and/or nicknames, including maiden name if you are a married female. If you have ever legally changed your name, indicate your former name and give the date, place and court where the name change was granted.

4. 33 Mary Circle Concord NC 28025
Residence (Street) (City/Town) (State) (Zip)

5. 980-521-8051 6. 3-31-53 7. Pittsburgh, PA 8. ☒ Yes ☐ No
Home Telephone Number Date of Birth Place of Birth Are You a U.S. Citizen?

9. Height: 5'11" 10. Weight: 210 11. Color of Eyes: Brown 12. Color of Hair: Brown

13. Email: george.bish@ring.com

14. **Employment Record.** List chronologically all employment within the last three years. Present Employer Burglar Alarm business license number (s): (1)

Name and Address of Alarm Business Employing Applicant: Ring Protect Inc.
1523 26th Street, Santa Monica CA 90404

Business Telephone Number: 504-496-0125 Position: Qualifier Date of Employment: 5-22-17

Mastec North America, Inc. Director Of Licensing 03/2014-05/2017
Name and Address of Employer Position Held Date of Employment

Name and Address of Employer Position Held Date of Employment

[Handwritten signatures and dates]
OK 126
9/19/17

Application and Instructions for Alarm Agent License Continued...

15. The alarm business which employs or will employ the applicant is: (check one)

☒ X

Licensed under Title 5, Chapter 57 of the General Laws of Rhode Island.

☐ Has a License application pending before the Alarm Licensing Authority.

16. Has the employing alarm business issued a temporary I.D. card to applicant?

☐ YES

☒ NO

If yes, state date of issuance and card number.

Date of Issuance: _____

Card Number: _____

17. COURT RECORD. If you have ever been convicted of any crime other than a minor traffic violation, list such matters below.

Date	Place and Department	Charge	Final Disposition	Details
N/A				

18. Have you, the applicant, ever been denied, suspended or revoked an alarm agent, guard, or private investigator license, permit, I.D. card, or business license for an alarm business, guard or private investigator business in this or any other state or lawful jurisdiction?

☐ YES

☒ NO

If Yes, Explain.

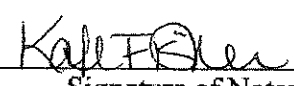
19. OATH OF APPLICANT

I understand that I must inform the Alarm Licensing Authority in writing of any material change in the information set forth in this application within ten (10) days of such change. I have read and understand the provisions of Title 5, Chapter 57 of the General Laws of Rhode Island pertaining to the regulation of alarm agents. I make oath to the truthfulness and accuracy of all foregoing statements.

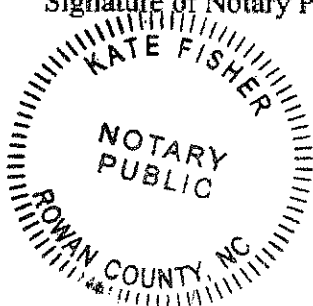

Signature of Applicant

7/13/17
Date

Subscribed and sworn to before me this 13th day of July, 2017.


Signature of Notary Public

My Commission Expires: 2/6/19





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AUTHORIZATION FOR BACKGROUND CHECK AND RELEASE

Company Name Ring Protect Inc.
Address 1523 26th Street
City, State, Zip Code Santa Monica, CA 90404
I, George Jennings Bish - Director
Full Name and Title
N/A
Maiden Name or Former Name
Of 33 Mary Circle Concord, NC 28025
Residence Address, City, State, Zip Code

having a date of birth of 3-31-53 and social security number of [REDACTED] hereby empowers any employee of the Department of Labor and Training, Division of Professional Regulations (hereafter "DLT") to obtain criminal and financial reports associated to me for the purpose of evaluating general character and financial condition. The information may be used for purposes of obtaining a credit report on me and/or may be shared with the Bureau of Criminal Identification of the Department of the Attorney General for the State of Rhode Island, and the Federal Bureau of Investigation (FBI) to make available any criminal record or other disposition that the Bureau of Criminal Identification has on file in reference to me.

PRIVACY STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of information requested by this form is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include numerous federal statutes, Rhode Island statutes, presidential executive orders, regulations and/or orders of the Attorney General of the United States, or other authorized authorities. Providing the requested information is voluntary; however, failure to furnish the information may affect timely completion or approval of your application.

Social Security Account Number (SSAN): Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

Principal Purpose: Certain licensing determinations may be predicated on fingerprint based checks. Your fingerprints and other information contained on (and along with) this form may be submitted to the requesting agency and/or FBI for the purpose of processing your application. During the processing of this application, and for as long hereafter as may be relevant to the activity for which this application is being submitted, the FBI may disclose any potentially pertinent information to DLT. The FBI may also retain the submitted information in the FBI's permanent collection of fingerprints and related information, where it will be subject to comparisons against other submissions received by the FBI. Depending on the nature of your application, DLT may also retain the fingerprints and other documents submitted.

ROUTINE USES

The fingerprints and information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(b)) and all applicable routine uses as may be published at any time in the Federal Register, including the routine uses for the FBI Fingerprint Identification Records System (Justice/FBI-009) and the FBI's Blanket Routine Uses (Justice/FBI-BRU). Routine uses include, but are not limited to, disclosures to: appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities for application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks; and as otherwise authorized by law, treaty, executive order, regulation, or other lawful authority. If other agencies are involved in processing this application, they may have additional routine uses.

Additional Information: DLT will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any system(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

RECORD COMPLETENESS OR ACCURACY CHALLENGE NOTICE

FBI Record: This record is subject to the following use and dissemination restrictions: Under provisions set forth in Title 28, Code of Federal Regulations (CFR), Section 50.12, both governmental and nongovernmental entities authorized to submit fingerprints and receive FBI identification records must notify the individuals fingerprinted that the fingerprints will be used to check the criminal history records of the FBI. Identification Records obtained from the BRI may be used solely for the purpose requested and may not be disseminated outside DLT.

The official making the determination of suitability for licensing or employment shall provide the applicant the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. DLT will not deny the license based on the information in the record until the applicant has been afforded a reasonable time to correct or complete the information, or has declined to do so. An individual should be presumed not guilty of any charge/arrest for which there is no final disposition stated on the record or otherwise determined. If the applicant wishes to correct the record as it appears in the FBI's CJIS Division Records System, the applicant should be advised that the procedures to change, correct or update the record are set forth in Title 28, CFR, Section 16.34.

The CJIS Division is not the source of the data appearing on identification records. All data is obtained from fingerprint submissions or related identification forms submitted to the FBI by local, state, and federal agencies. As a result, the responsibility for authentication and correction of such data rests upon the contributing agency (i.e., police department, county court, etc.). Please contact this agency or the central repository in the state where the arrest occurred to request a change, correction, or update. The FBI is not authorized to modify the record without written notification from the appropriate criminal justice agency.

I hereby waive and release any and all manner of actions, causes of actions, and demands of every kind, nature and description, in both law and equity which I may now have or may have in the future arising from any release of criminal records and requests therefrom, against the State of Rhode Island, the Bureau of Criminal Identification, the Attorney General, the Department of Labor and Training, Federal Bureau of Investigation, the employees of the Attorney General's Office, the employees and officials of the Federal Bureau of the employees and officials of the Department of Labor and Training. Upon submission of an application for licensure or a change in a licensee's officers, directors, manager or principal owner as defined in R. I. Gen. Laws § 19-14-1(10), each such officer, director, manager or principal owner must provide a signed response to the questions

(Additional copies of this form may be reproduced as needed.)

Attached:

The undersigned certifies that the above responses are true and accurate to the best of my knowledge and belief.

Full Name: George Jennings Bish

Title: Director

Signature:

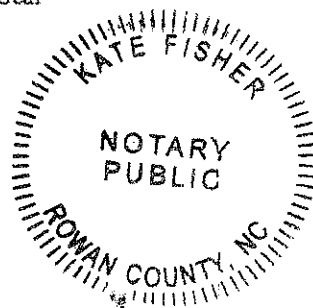
Date: 7/13/17

Notary Public:

Notary Seal

My Commission Expires:

2/8/19





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PERSONAL REFERENCE FORM

Name of Alarm Agent Applicant: George J. Bish

Applicant Address: 33 Mary Circle, Concord, NC 28025

How long have you known applicant? 3.5 years

How often do you see him/her at present time? Regularly throughout the month.

Upon which of these conditions is your relationship based?

 Educational X Social Neighbor X Business

Do you verify applicant's good moral character and reputation as well as his/her competence to act as an alarm agent? Yes

To your knowledge, has applicant ever been arrested or involved in any illegal activity?

If yes, explain on reverse side. ☐ YES ☒ NO

Employment of applicant during the past three (3) years, if known. Begin with the name of the alarm business with which the applicant is currently associated.

1. Ring.com

2. MasTec North America, Inc.

3.

Name of person supplying reference: Jaeme Jewell

Home Address: 2 Poplar Place

Phone: 516-318-7064

Glen Cove, NY 11542

Business Address: 265 Executive Dr., Ste. 225, Plainview, NY 11803

Phone: 516-493-8237

Email: jaeme.jewell@mastec.com

Date of reference: 7/13/2017

Signature: *J. Jewell*

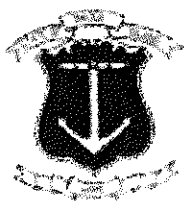
Subscribed and sworn before me this 14 day of July, 2017

Signature of Notary *Michael Walsh*

Commission Expires: 08/22/2017

MICHAEL WALSH
Notary Public - State of New York
NO. 01WA6132249
Qualified in Suffolk County
My Commission Expires Aug 22, 2017

*** The information contained in this report is to be held in the strictest confidence and under no circumstances divulged to persons other than official reviewing personnel, or as provided by law.



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PERSONAL REFERENCE FORM

Name of Alarm Agent Applicant: George J. Bish

Applicant Address: 33 Mary Circle, Concord, NC 28025

How long have you known applicant? 13 YEARS

How often do you see him/her at present time? Several times a month, we also converse frequently.

Upon which of these conditions is your relationship based?

XXXX Educational XXXX Social XXXX Neighbor XXXX Business

Do you verify applicant's good moral character and reputation as well as his/her competence to act as an alarm agent? yes

To your knowledge, has applicant ever been arrested or involved in any illegal activity?

If yes, explain on reverse side. ☐ YES ☒ NO

Employment of applicant during the past three (3) years, if known. Begin with the name of the alarm business with which the applicant is currently associated.

1. RING.COM

2. MASTEC NORTH AMERICA INC.

3. _____

Name of person supplying reference: PAMELA BULLOCK

Home Address: 1221 E GOLFOVIEW DRIVE

Phone: 305-389-7728

PEMBROKE FLORIDA 33026

Business Address: 806 S DOUGLAS RD 10TH FL CORAL GABLES, FL 33134

Phone: 305-447-6477

Email: PAMELA.BULLOCK@MASTEC.COM

Date of reference: 07/11/2017

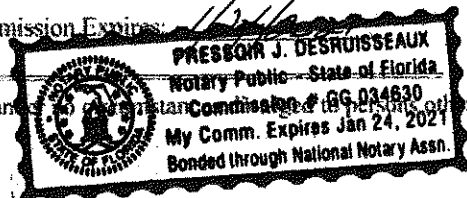
Signature: _____

Subscribed and sworn before me this 11th day of July, 20 17

Signature of Notary _____

Commission Expires: 1/24/2021

*** The information contained in this report is to be held in the strictest confidence and not to be disclosed to any other than official reviewing personnel, or as provided by law.





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EXPERIENCE AFFIDAVIT

INSTRUCTIONS:

1. Applicant shall not complete this form. It shall be completed by citizens who can verify that the applicant or individual, owner, officer, manager, partner, or employee of the applicant fulfilling the experience requirement, has been engaged or employed in an alarm business in sales, installation, or service for an aggregate period of three (3) years prior to filing an application for an alarm business license. The person who satisfies this experience requirement must, by law, devote a substantial amount of his/her daily business or work time to engaging in and/or supervising the sale, installation, or servicing of alarm systems on behalf of the applicant.

2. Each person wishing to satisfy the experience requirement for any alarm business license must supply two (2) separate affidavits detailing his/her experience in this field. If the person has three (3) years of experience or a combination thereof from more than one state, two (2) affidavits will be required from each state where the person practiced or operated in an alarm business.

This is to certify and state that George J. Bish,
(APPLICANT'S NAME)

performed the services of: Low Voltage Licensing and Compliance (All Areas)

Dates the above listed services were performed: 4/14/14 5/19/17
FROM TO

Name of person making affidavit: Jaeme Jewell

Name of Company: MasTec North America, Inc. Phone: 516-493-8237

Address: 265 Executive Dr., Ste. 225, Plainview, NY 11803

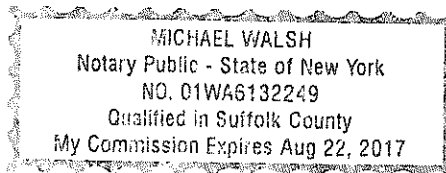
7/13/17
Date

X *J. Jewell*
Signature of person making affidavit

Subscribed and sworn before me this 14th day of July, 2017.

X *M. Walsh*
Signature of Notary Public

Seal of Notary Public





Division of Professional Regulation

1511 Pontiac Avenue

Cranston, RI 02920

Telephone (401) 462-8533 | Fax (401) 462-8528 | www.dlt.ri.gov

EXPERIENCE AFFIDAVIT

INSTRUCTIONS:

1. Applicant shall not complete this form. It shall be completed by citizens who can verify that the applicant or individual, owner, officer, manager, partner, or employee of the applicant fulfilling the experience requirement, has been engaged or employed in an alarm business in sales, installation, or service for an aggregate period of three (3) years prior to filing an application for an alarm business license. The person who satisfies this experience requirement must, by law, devote a substantial amount of his/her daily business or work time to engaging in and/or supervising the sale, installation, or servicing of alarm systems on behalf of the applicant.

2. Each person wishing to satisfy the experience requirement for any alarm business license must supply two (2) separate affidavits detailing his/her experience in this field. If the person has three (3) years of experience or a combination thereof from more than one state, two (2) affidavits will be required from each state where the person practiced or operated in an alarm business.

This is to certify and state that GEORGE J. BISH

(APPLICANT'S NAME)

performed the services of: All areas of Low Voltage Licensing and Compliance

Dates the above listed services were performed: 07-19-04 05-19-17
FROM TO

Name of person making affidavit: PAMELA BULLOCK

Name of Company: MASTEC NORTH AMERICA INC Phone: 305-447-6477

Address: 806 S DOUGLAS RD 10TH FLOOR CORAL GABLES, FLORIDA 33134

07/11/2017

Date

X

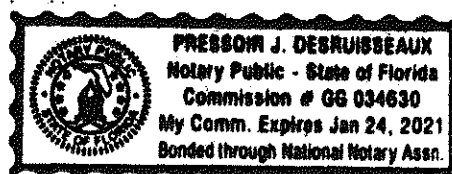
Signature of person making affidavit

Subscribed and sworn before me this 17th day of July, 20 17.

X

Signature of Notary Public

Seal of Notary Public



Rhode Island Department of Labor and Training
Division of Workforce Regulation and Safety

Burglar Alarm Agent
LIC# 5844

MASTEC NORTH AMERICA INC
GEORGE J BISH
806 SOUTH DOUGLAS ROAD 10TH FL
CORAL GABLES FL 33134


Assistant Director

~~03/31/2019~~
Expiration Date

DRIVER LICENSE



Kelly J. Thomas
401011 000003221116 03/31/1953
DUP 03/31/2021
1 BISH
2 GEORGE JENNINGS
3 33 MARY CIR
CONCORD, NC 28025-9229

SEX M C EYES BRO HAIR BRO
HEIGHT 5'-11" WEIGHT 180 LBS
MARKS NONE

Greg J. Paul
401011 01/23/2017 03/31/53
5.00 0018219426

July 5, 2017


Robert Gage
Division of Professional Regulation
1511 Pontiac Avenue
Cranston, RI 02920

Re: Alarm Agent Application – George Bish

Mr. Gage,

Please accept this letter as verification that I am no longer the qualifier for Mastec North America, Inc.

Sincerely,


George Bish

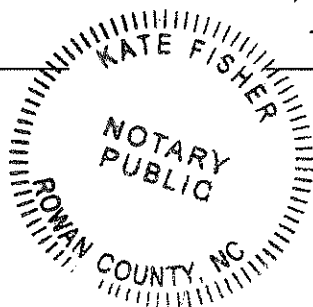
Subscribed and sworn to before me this day 13th of July, 2017.

Signature of Notary Public

My Commission Expires:



2/8/19



ring

July 13, 2017

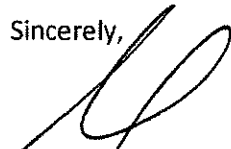
Robert Gage
Division of Professional Regulation
1511 Pontiac Avenue
Cranston, RI 02920

Re: Alarm Agent Application – Ring Protect Inc. – George Bish

Mr. Gage,

Please accept this letter as verification that George Bish is a Qualifier at Ring Protect Inc. and performs functions for Ring Protect similar to those performed by an officer of the corporation.

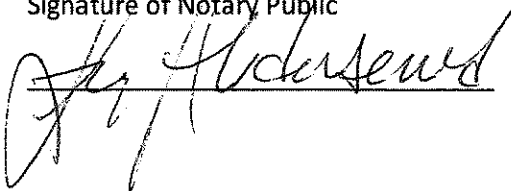
Sincerely,



Melvin Tang
President

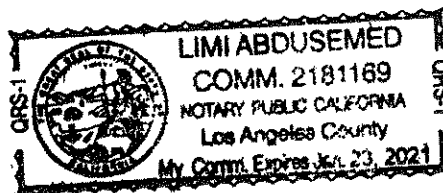
Subscribed and sworn to before me this day 13 of July, 2017.

Signature of Notary Public



My Commission Expires:

Jan. 23, 2021



FINGERPRINT FORM

REVISED 04-05-2016

*Credit cards are now accepted for **IN PERSON** transactions **ONLY** at BCI window in Providence. BCI does **NOT** accept cash payments.

MAKE CHECK PAYABLE TO: BCI **THERE IS A CREDIT CARD SURCHARGE**

PAYING WITH CREDIT CARD NEED BILLING ZIP CODE _____

George	Bish	
_____	_____	_____
First Name	Last Name	(Maiden Name)
03/31/1953	Pittsburgh, PA	(980) 521-8051
_____	_____	_____
Date of Birth	Place of Birth	Telephone Number

_____ Social Security Number	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
---------------------------------	--

Current Address (If different than address on ID)

☐ TWIN RIVER LOTTERY ☐ NEWPORT GRAND LOTTERY ☐ RETAIL SALES/STORE LOTTERY
☐ MEDICAL MARIJUANA ☐ PRECIOUS METALS ☐ TOOLS AND ELECTRONICS
☐ DBR-MARIJUANA CULTIVATION ☐ PRESCHOOL/NURSERY ☐ DAYCARE OWNER
☒ BURGLAR ALARM-DBR ☐ SECURITY BUS. OWNER ☐ FINANCE/MORTGAGE-DBR
☐ RN-NURSING NEW EMPL ☐ RI NURSING LICENSE ☐ SCHOOL

NAME OF FACILITY/JOB

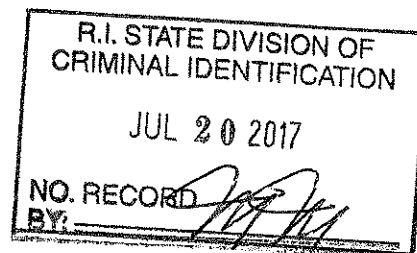
\$40.00 Dollars CHECK or MONEY ORDER ONLY TO BCI

☐ SECURITY GUARD EMPLOYER _____

☐ FIREFIGHTER (NEED A CONDITINAL LETTER OF EMPLOYMENT) _____

1.01 1.01 LEN::157
1.02 1.02 VER::0201
1.03 1.03 CNT::11200
1.04 1.04 TOT::SRE
1.05 1.05 DTE::20170721
1.06 PRY::2
1.07 1.07 DAI::RI004015Y
1.08 1.08 ORI::WVIAFIS0Z
1.09 1.09 TCN::E2017202000000183645
1.10 1.10 REG_ID::0000240825
1.11 1.11 NSR::00.00
1.12 1.12 NTR::00.002.001 2.001 LEN::858
2.002 2.002 IDC::00
2.009 2.009 OCA::81171
2.018 2.018 NAM::BISH,GEORGE
2.059 2.059 SRF::N
2.073 2.073 CRI::RI004015Y
2.075 2.075 ERS:: CIVIL APPLICANT RESPONSE

ICN E2017202000000183645 CIDN OCA 81171
BISH,GEORGE DOB 1953/03/31
MNU SOC ~~REDACTED~~ SEX M RAC W HGT 511
RI004015Y RI BCI
PROVIDENCE RI 2017/07/21
A SEARCH OF THE FINGERPRINTS ON THE ABOVE
INDIVIDUAL HAS REVEALED NO PRIOR ARREST
DATA. CJIS DIVISION
2017/07/21 FEDERAL BUREAU OF INVESTIGATION



RI004015Y
STATE ATTORNEY GENERAL
RI BCI
150 S MAIN ST
PROVIDENCE, RI 02903